American Welding Society

MOODY INTERNATIONAL

Application for Training & CWI Examination

Moody International China – 1903 Baoan Plaza – 800 Dongfang Road – Pudong New District – Shanghai 200122 – PRC

THIS APPLICATION IS FOR (PLEASE CHECK ONLY ONE):

☐ CWI Exam Only ☐ Training Only ☐ Training and Exam

ARE YOU A CURRENT AWS MEMBER? ☐ No ☐ Yes
If yes, please provide AWS Member # _____

HAVE YOU PREVIOUSLY TAKEN THE CWI EXAM? ☐ No ☐ Yes
If yes, exam date: _____ exam location: _____

IF YOU WERE PREVIOUSLY CERTIFIED WITH AWS, PLEASE PROVIDE CERTIFICATION #: _____

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

A. PLEASE PRINT IN BLUE OR BLACK INK

B. WHEN COMPLETE, SEND THIS APPLICATION TO MOODY INTERNATIONAL AT THE ADDRESS ABOVE. DO NOT SEND TO AWS.

C. APPLICANTS FOR THE CWI EXAMINATION MUST COMPLETE ALL SECTIONS OF THIS APPLICATION INCLUDING THE VISUAL ACUITY RECORD. THOSE APPLYING FOR TRAINING ONLY, OR FOR RE-EXAM (IF WITHIN ONE-YEAR OF INITIAL EXAM), MUST COMPLETE PAGE 1 AND 2 ONLY. (SEE NOTE 4 BELOW FOR ADDITIONAL INSTRUCTIONS).

LAST NAME (FAMILY NAME) FIRST NAME (GIVEN NAME)

SOCIAL IDENTIFICATION NUMBER COUNTRY ISSUED BY:

TRAINING COURSE AND EXAMINATION SCHEDULES AND PRICING

TRAINING AND EXAMINATION SCHEDULES:

Day 1 Code Clinics (Attendee selects 1 or none)
A. D1.1 (0800 – 1700)
B. API-1104 (1300 – 1700) (See Note 1)

Day 2 – 4 Welding Inspection Technology Course
(0800 – 1800)

Day 5 Visual Inspection Workshop
(0800 – 1700)

Day 6 Certification Exams
(0800 – 1800)

NOTES

1. Those candidates wishing to enroll in the API 1104 Code Clinic and/or electing to take the API 1104 open code book examination MUST purchase or possess a copy of the 19th Edition of API 1104. For information on how to purchase API 1104, contact Moody International.
2. For further information regarding the CWI program, refer to QC1: 96 available online at www.aws.org/certification/qc196.html.
3. Foreign language transcripts and diplomas must be translated into English (handwritten acceptable) and signed by employer or Moody International.
4. The Visual Acuity Record must be completed prior to taking CWI examination. For re-exams, the record must be dated no more than 7 months before the re-exam date.
5. If you are interested in pricing for training without the CWI examination, please contact Moody International.

SELECT THE DESIRED SEMINAR/EXAM PACKAGE FROM THE FOLLOWING LIST (SELECT ONLY ONE):

☐ **OPTION 1:**
Day 1 – D1.1 or API-1104 Code Clinic
Day 2 – Welding Inspection Technology Course
Day 3 – Welding Inspection Technology Course
Day 4 – Welding Inspection Technology Course
Day 5 – Visual Inspection Workshop
Day 6 – CWI Examination

☐ **OPTION 2:**
Day 2 – Welding Inspection Technology Course
Day 3 – Welding Inspection Technology Course
Day 4 – Welding Inspection Technology Course
Day 5 – Visual Inspection Workshop
Day 6 – CWI Examination

☐ **OPTION 3:**
Day 5 – Visual Inspection Workshop
Day 6 – CWI Examination

☐ **OPTION 4:**
Day 6 – CWI Examination Only

Note: *Current pricing for each option package is available from **Moody International*** at the address above.

IF YOU PLAN TO TAKE THE CWI EXAMINATION, YOU MUST CHOOSE ONE OF THE FOLLOWING CODES AS YOUR OPEN CODE BOOK TEST SUBJECT:

☐ AWS D1.1 Structural Steel (1998, 2000 or 2002 editions permissible)	☐ API-1104 Pipelines (19th edition) See Note 1	☐ AWS D15.1 Railroad (1993 edition)	☐ AWS D1.5 Bridges (1996 all-metric edition)

LAST NAME: FIRST NAME:

SECTION 1 - PERSONAL INFORMATION

(ALL CORRESPONDENCE WILL BE MAILED TO THE ADDRESS LISTED BELOW)

LAST NAME (FAMILY NAME) FIRST NAME (GIVEN NAME)

COMPANY NAME ONLY (COMPLETE THIS ONLY IF YOU ARE GOING TO USE COMPANY扑 ADDRESS FOR CORRESPONDENCE)

STREET ADDRESS FOR CORRESPONDENCE

CITY AND STATE/PROVINCE/COUNTRY POSTAL CODE

HOME TELEPHONE NUMBER WITH CITY CODE

Company TELEPHONE NUMBER WITH CITY CODI

FAX NUMBER

E-MAIL

DATE OF BIRTH (MM/DD/YY)

BUSINESS, JOB AND INTEREST INFORMATION

TYPE OF BUSINESS (CHECK ONE BOX ONLY)	JOB CLASSIFICATION (CHECK ONE BOX ONLY)	
A. ☐ Contract Construction	01 ☐ President, owner, partner, officer	D__ Advanced materials, intermetallics
B. ☐ Chemicals, Allied Products	02 ☐ Manager, director, superintendent	E__ Ceramics
C. ☐ Petroleum & Coal Industries	03 ☐ Sales	F__ High energy beam processes
D. ☐ Primary Metal Industries	04 ☐ Purchasing	G__ Arc welding
E. ☐ Fabricated Metal Products	05 ☐ Engineer – welding	H__ Brazing and soldering
F. ☐ Machinery except electrical	06 ☐ Engineer – other	I__ Resistance welding
G. ☐ Electrical equipment, supplies, electrodes	07 ☐ Inspector, tester	J__ Thermal spraying
H. ☐ Transport equip., air, aerospace	08 ☐ Supervisor, foreman	K__ Cutting
I. ☐ Transport equip., automotive	09 ☐ Welder, welding or cutting operator	L__ NDE
J. ☐ Transport equip., boats, ships	10 ☐ Architect, designer	M__ Safety and health
K. ☐ Transport equip., railroad	11 ☐ Consultant	N__ Bending and shearing
L. ☐ Utilities	12 ☐ Metallurgist	O__ Roll forming
M. ☐ Welding distributorship & retail trade	13 ☐ Research and development	P__ Stamping and punching
N. ☐ Misc. repair services inc. welding shops	14 ☐Technician	Q__ Aerospace
O. ☐ Education services inc. schools, libraries	15 ☐ Educator	R__ Automotive
P. ☐ Engineering & architectural services	16 ☐ Student	S__ Machinery
Q. ☐ Misc. business services inc. laboratories	17 ☐ Librarian	T__ Marine
R. ☐ Governmental (federal, state, local)	18 ☐ Customer service	U__ Piping and tubing
S. ☐ Other_____	19 ☐ Other_____	V__ Pressure vessels and tanks
YOUR COMPANY'S #1 PRODUCT/SERVICE:	FILL IN ORDER OF PRIORITY (1, 2, 3 ETC.) YOUR TECHNICAL INTERESTS	W__ Sheet metal
		X__ Structures
		Y__ Other _____
	A__ Ferrous metals	Z__ Automation
	B__ Aluminum	1__ Robotics
	C__ Nonferrous metals except aluminum	2__ Computerization of welding

LAST NAME:	FIRST NAME:

SECTION 2 - EDUCATIONAL INFORMATION

For further information regarding Educational requirements, please refer to QC1: 96 available online at www.aws.org/certification/qc196.html.

PLEASE CHECK THE APPROPRIATE BOX BELOW:

❑ High school graduate or achieved equiv. certificate	MUST document at least 5 years work experience in the **Qualifying Work Experience Section** below
❑ Did **not** graduate high school, **but** completed the 8th grade or equiv.	MUST document at least 10 years work experience in the **Qualifying Work Experience Section** below
❑ Did **not** complete the 8th grade	MUST document at least 15 years work experience in the **Qualifying Work Experience Section** below

QC1: 96 allows post high school (secondary school) education to be substituted for a maximum of (2) years of the required (5) years work experience in welding functions. Please complete this section only if substituting education for work experience:

PLEASE CHECK THE APPROPRIATE BOX BELOW:

❑ Vocational Technical School credits - MUST attach transcripts of welding related courses or diploma.	Circle no. of years attended 1 2 3 4	Maximum one-year work substitution credit *only* if courses *completed* and *within* a curriculum related to welding.
❑ University credits - MUST attach transcripts of engineering-level courses or diploma.	Circle no. of years attended 1 2 3 4	Maximum two years work substitution credit if the degree is in engineering technology, engineering, or physical science

NOTE: Foreign language transcripts and diplomas must be translated into English (handwritten acceptable) and signed by employer or Moody International.

SECTION 3 - QUALIFYING WORK EXPERIENCE

NOTE: This section must be completed. The submittal of a resume or c.v. in lieu of completing this section does not fulfill the requirement.

_____ **I understand that all work experience documented herein may be verified with both past and present employers.**
(Initials)

NOTE: You may duplicate this section as needed to provide additional information for each one of your employers in order to meet the experience requirements for CWI eligibility.

Company Name: _____ Dept/Div.: _____

Supervisor/Personnel Manager: _____ Telephone: _____ Ext: _____

Mailing Address: _____

City: _____ State/Province.: _____ Postal Code: _____ Country: _____

Supervisor/Personnel Manager e-mail: _____

JOB TITLE	FROM: (MONTH/YEAR)	TO: (MONTH/YEAR)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

LAST NAME:	FIRST NAME

SECTION 4 - EMPLOYMENT VERIFICATION

NOTE : THIS SECTION MUST BE COMPLETED BY YOUR SUPERVISOR OR PERSONNEL MANAGER OF YOUR MO ST RECENT EMPLOYER. IMPORTANT - THIS PAGE MUST BE ATTACHED WITH YOUR APPLICATION. DO NOT SEND SEPARATELY. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS COMPLETED SEC TION. DO NOT USE THIS PAGE IF SELF-EMPLOYED. SELF-EMPLOYED APPLICANTS MUST PROVIDE TWO (2) NOTARIZED LETTERS OFREFERENCE FROM SEPARATE CLIENTS.

Employee#Last Name: _____ Employee#First Name: _____

Company Name: _____ Dept/Div.: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Supv/ Personnel Mgr E-mail: _____ Supv/Personnel Mgr Phone: _____

NOTE: PLEASE PRINT BELOW EXCEPT FOR SIGNATURE

I verify that: _____, whose social identification number is: _____ is / was (circle one) employed by this company and conducted the duties submitted in this application during the employment periods submitted in this application.

My name is: _____ My job title is: _____

Date: _____ Signature: _____

PROVISO:

Upon obtaining my CWI certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only. No other information related to my certification shall be revealed. ☐ **Yes** ☐ **No**

NOTARIZATION:

I hereby certify that I have read the requirements contained in the document *QC-1 Standard for AWS Certification of Welding Inspectors* .Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. I certify that the information I have included on this application is true; I understand that any false statements will nullify this application. I give AWS permission to verify this information. I agree to comply with the provisions set forth in the Standard concerning the administration of my examination and certification

Applicant#Signature _____ Notary/Witness Name (print): _____

Sworn to and subscribed before me this _____ day of _____ 200__

Notary Public or MI Witness Signature _____ (Seal and/or stamp is **required)**

American Welding Society

Visual Acuity Record

Moody International China – 1903 Baoan Plaza – 800 Dongfang Road – Pudong New District – Shanghai 200122 – PRC

CHECK ONE STATUS: ❑ CWI ❑ CWI/CWE ❑ SCWI ❑Re-Certification

NAME OF APPLICANT: _____ SOCIAL IDENTIFICATION NUMBER: _____

AWS CERTIFICATION NUMBER (IF EXISTING): _____ EXAM DATE _____ LOCATION: _____

TO ALL CERTIFICTION EXAMINATION CANDIDATES:

You **must** use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse, or Certified Physician╪Assistant to administer your required eye examination. The examination must occur within the **seven (7) months** prior to the scheduled date of your welding inspection examination or re-certification anniversary date. Please attach this completed record to your main application and seen to AWS, and keep a copy for your files.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12in. -17 in. All applicants shall take a color perception test. Eye examination results shall be submitted on record forms furnished by the AWS Certification Department.

AWS will not accept visual acuity test results that do not comply with regulations. AWS will not release your exam results without a completed visual acuity record on file. Applicants may submit completed visual acuity records at the CWI exam location.

TEST RESULTS

Applicant possesses near vision acuity on Jaeger J2 (letters .37cm in size) at a distance of 12 in.-17 in?

❑ WITHOUT CORRECTION (O*)

❑ WITH CORRECTION (W*)

Through a color perception examination, has it been determined that the applicant is colorblind?

❑ YES (B*)

❑ NO (C*)

* FOR CERTIFICATION INTERNAL PURPOSES.

ATTEST TO

I certify that I, _____ administered an eye examination to the
(print eye examiner╪name)

applicant _____ on _____ which demonstrated the vision capabilities indicated above.
(print applicant╪name) (date)

PLEASE INDENTIFY YOUR PROFESSIONAL STATUS BY CHECKING ONE OF THE FOLLOWING:

❑ Ophthalmologist ❑ Optometrist ❑ Medical Doctor ❑ Registered Nurse ❑ Certified Physician╪Assistant

STATE/PROVINCIAL LICENSE NUMBER: _____

PROFESSIONAL MAILING ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ POSTAL CODE: _____ COUNTRY: _____

SIGNATURE OF EYE EXAMINER: _____ CONTACT TELEPHONE NUMBER: _____